

Harriett Bisean

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	
Occupation	Housekeeper			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	William Bisean			Father's Birthplace
Father's Name	Sandy Syson			Charles County		
Mother's Maiden Name	Bettie Gordon			Mother's Birthplace		
Name of person giving Information	Adeline Bisean			How related to deceased		

## CAUSES OF DEATH

93

Primary

Pneumonia

How long

6 days

Immediate

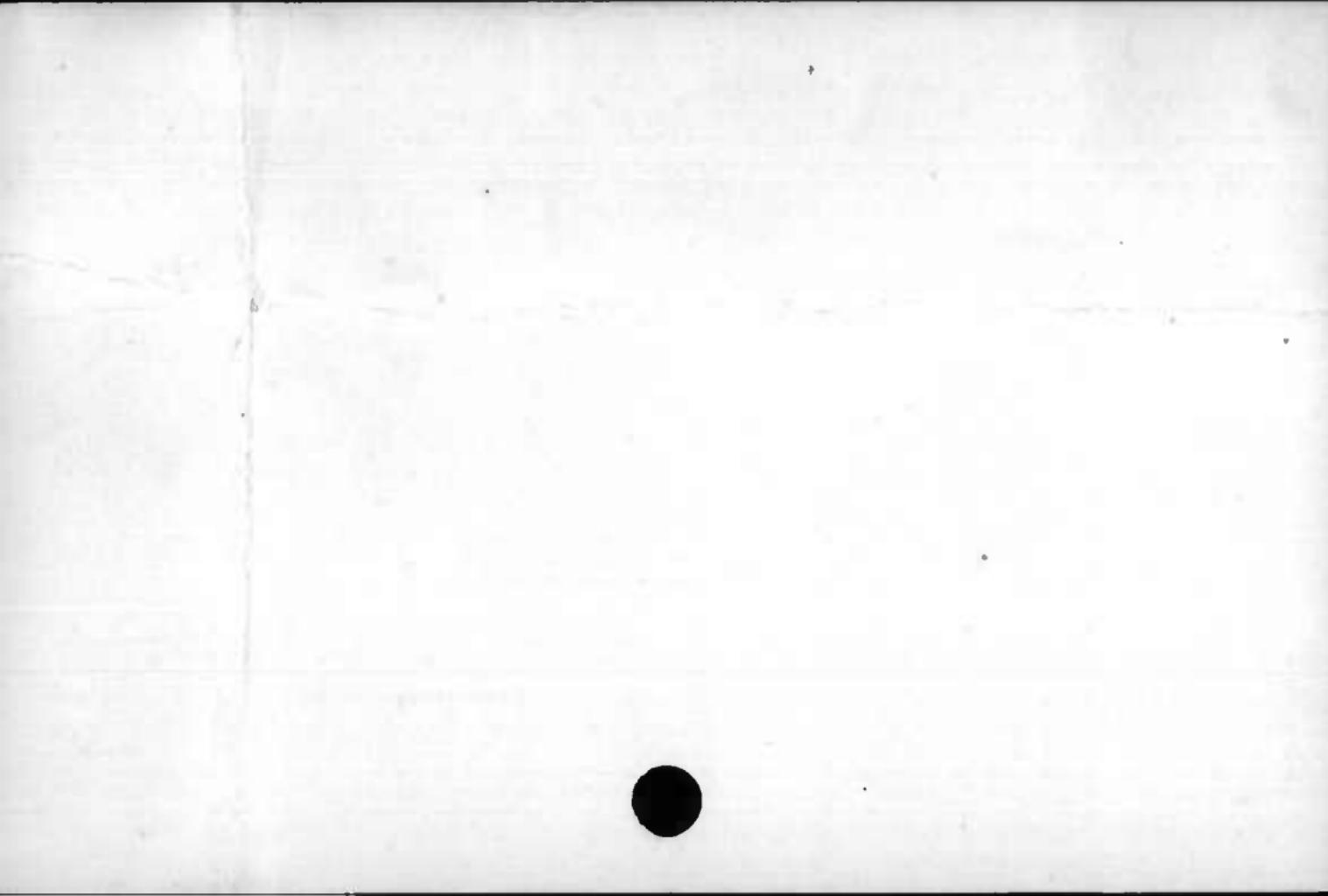
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Horley Lynch, M.D.  
Valley Lee,  
St. Mary's County



Name  
in  
Full

Henry Cooger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County		MARYLAND	
Died at <u>Leonardtown</u>	<u>St. Marys</u>			
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>15</u>	Years <u>91</u>	Months      Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>St. Marys Co</u>		
Occupation <u>Soldier</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Nellie Cooger</u>	Father's Birthplace <u>Not Known</u>		
Father's Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>			
Mother's Maiden Name <u>"</u>	How related to deceased <u>Wife</u>			
Name of person giving Information <u>Nellie Cooger</u>				

CAUSES OF DEATH

(10)

Primary

Lay Cooger

How long

one week

Immediate

Pneumonia

How long

six days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

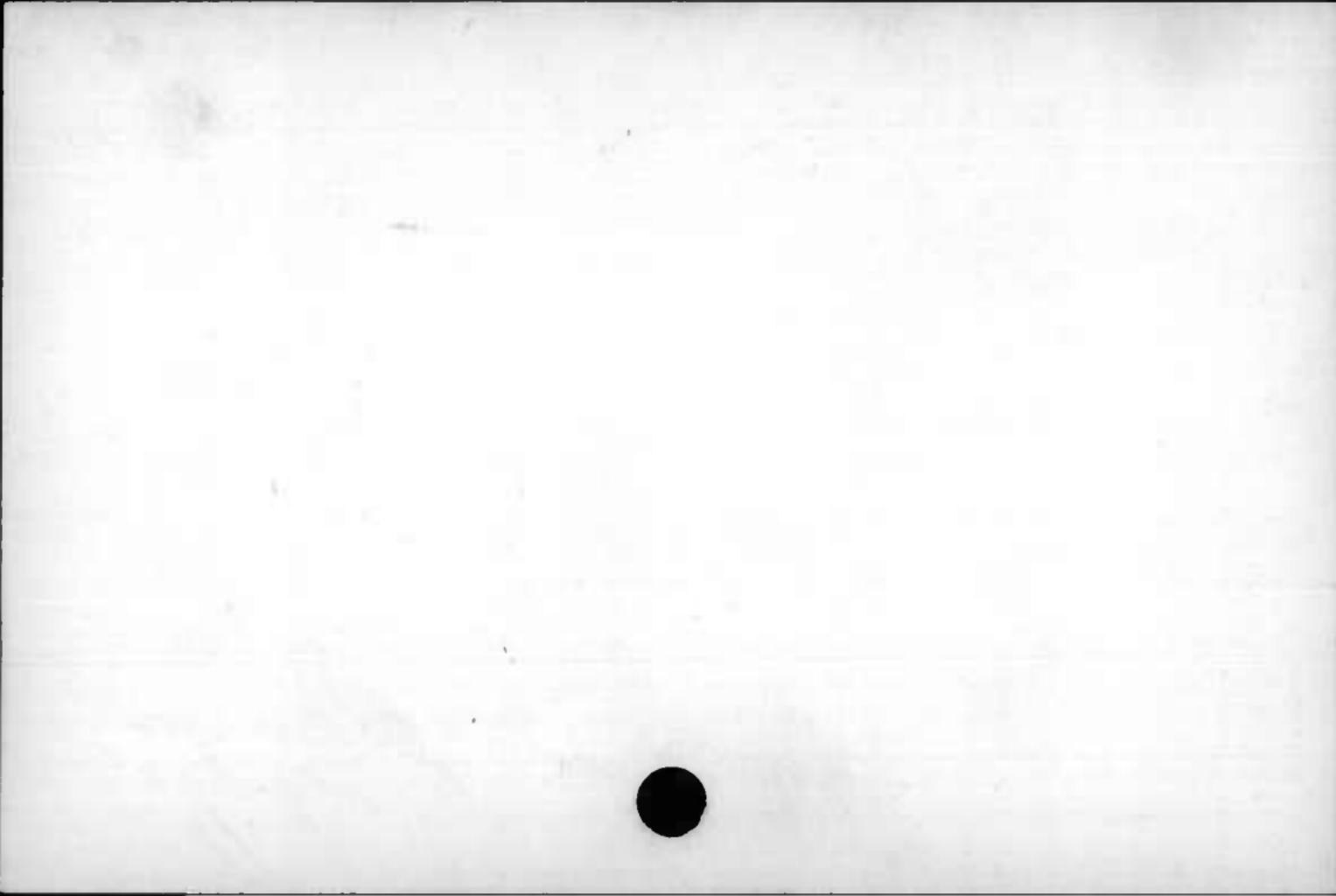
yes

Signature of  
Physician

Address

Dr. E. G. Quill  
Leonardtown

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

John W. Cullison

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	St. Marys	County		
Date of death	1908	Month	Feby	Day	28	Years
Sex	Male	Color or Race	Colored	Birth-place	St. Marys	
Occupation	Laborer		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	C. Cullison		Father's Birthplace	St. Marys		
Mother's Maiden Name	Dona Knott		Mother's Birthplace	St. Marys		
Name of person giving information	John Reaser		How related to deceased	Friend		

CAUSES OF DEATH

166

How long

How long

Gun shot wound side

Hemorrhage. Int.

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

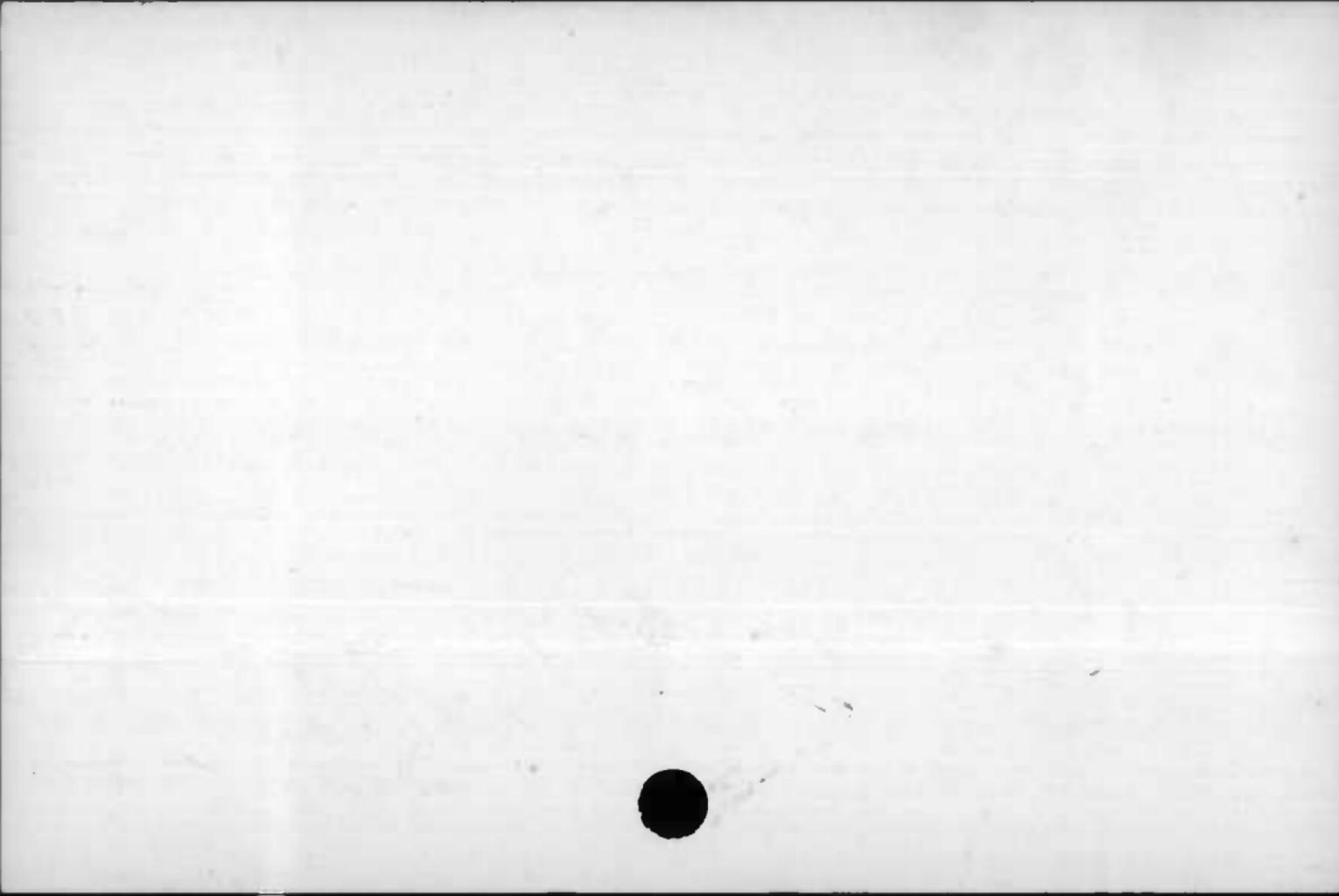
Signature of Physician

Address

O. S. Lloyd

Ridgely MD

Accident?



Name  
in  
Full

George. Gough

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	St. Marys		MARYLAND	
Date of death	1908	Month Feb	Day 1	Years 60	Months	Days
Sex	Male	Color or Race	Color		Birth-place	St. Marys
Occupation	Laborer		Where Residing if not at place of death		Baileys. Gough	
Married, Single or Widowed	Married	Name of Wife or Husband	Baileys. Gough		Father's Birthplace	St. Marys Md
Father's Name	Dont / Knob		Baileys. Gough		Mother's Birthplace	Md.
Mother's Maiden Name	Baileys. Compree		Baileys. Gough		How related to deceased	Son
Name of person giving information	Jones Gough		Baileys. Gough			

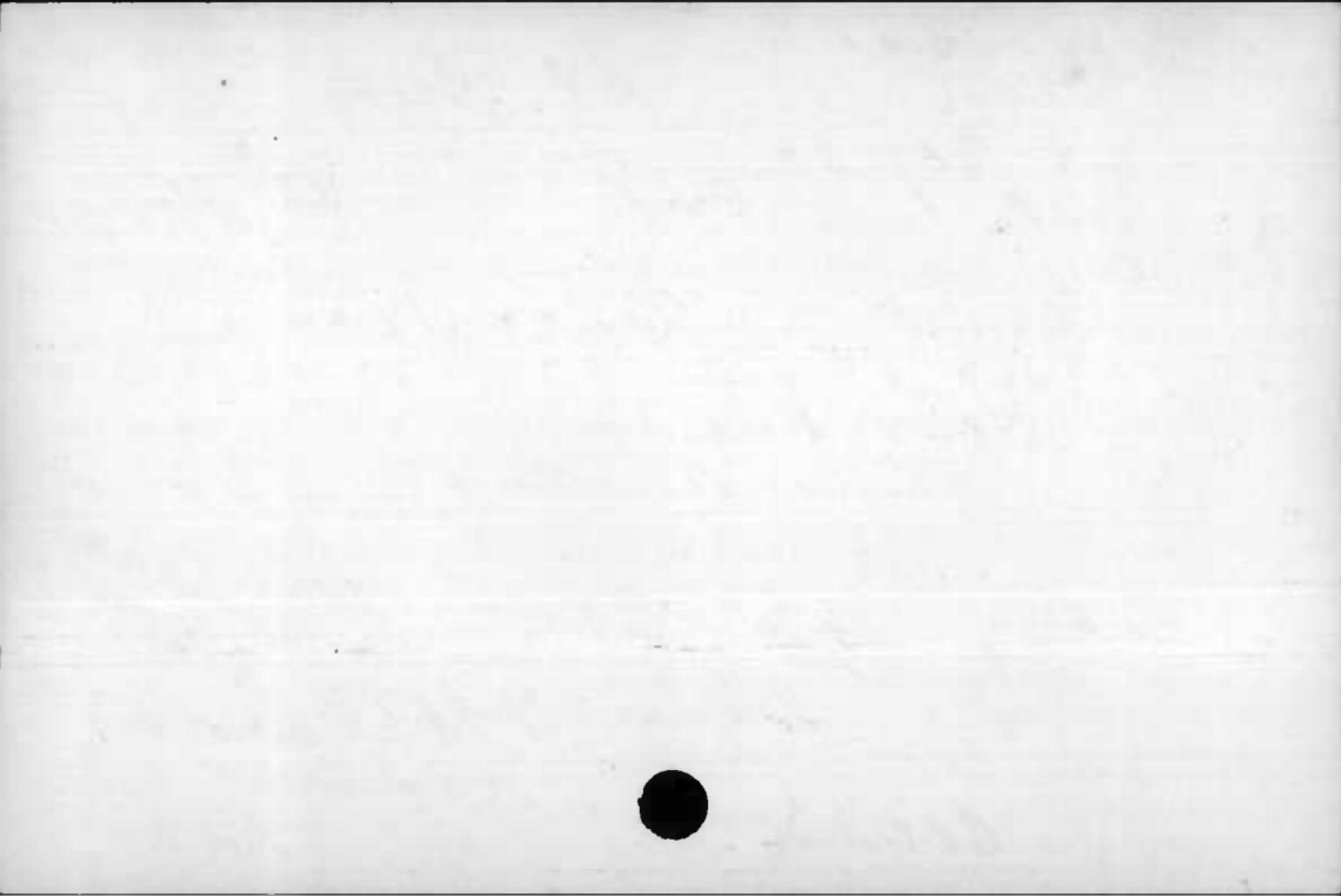
CAUSES OF DEATH

154

Primary	Senile debility		How long	2 years
Immediate	& loss of memory		How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Othlloyd	
		Address	Ridge Rd	
Accident or Suicide?			Md.	

PHYSICIAN  
OR CORONER

H)



Name  
in  
Full

Wm. Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Ridge	Town	St. Marys	County	MARYLAND
Date of death	1908	Month	Feb	Day	28
Age	40	Years		Months	
Sex	Male	Color or Race	Caf	Birth-place	St. Marys
Occupation	Engineer	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Rosie Gross		
Father's Name	Dont Knod		Father's Birthplace	St. Marys	
Mother's Maiden Name	Dont Knod		Mother's Birthplace	St. Marys	
Name of person giving information	Thomas Armstrong		How related to deceased	Brother	

CAUSES OF DEATH

166

Primary  
Explosion of Explosive  
Shoel

How long

Immediate

Immmediate  
Death

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

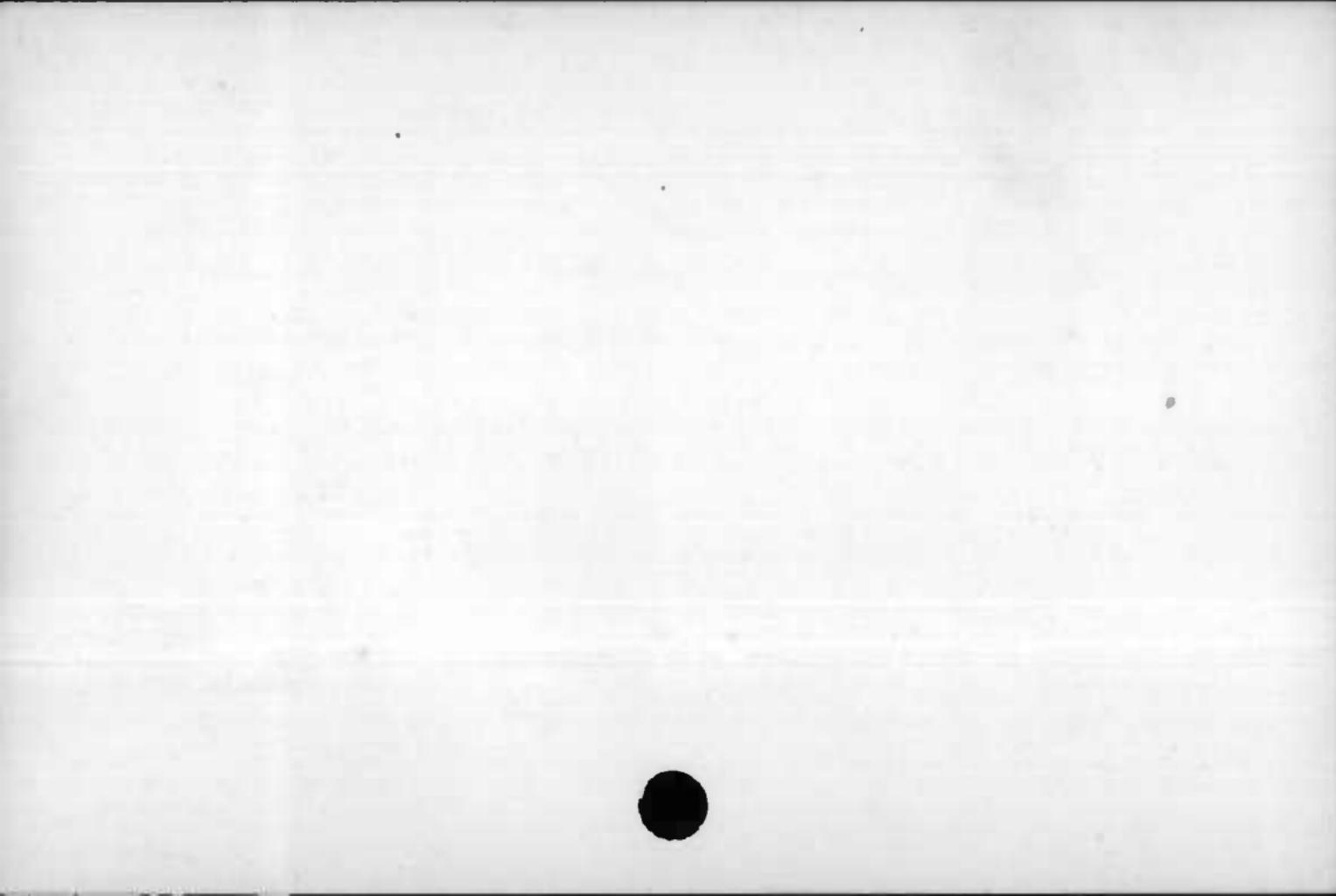
Address

W. Lloyd,  
Ridge, Md.

PHYSICIAN  
OR CORONER

T

Accident?



Name  
in  
Full

Charly Hopkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Red Gate</u> Town			<u>Spars</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jul</u>	Day <u>12</u>	Age <u>65</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Red</u>				
Occupation <u>Famer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Do not know</u>					
Father's Name <u>Not known</u>			Father's Birthplace <u>Not known</u>			
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>			
Name of person giving information <u>A J Malling</u>			How related to deceased <u>No relation</u>			
CAUSES OF DEATH						
Primary <u>La Lyppe</u>	How long <u>10</u>					
Immediate <u>Pneumonia</u>	How long <u>10 days</u>					

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

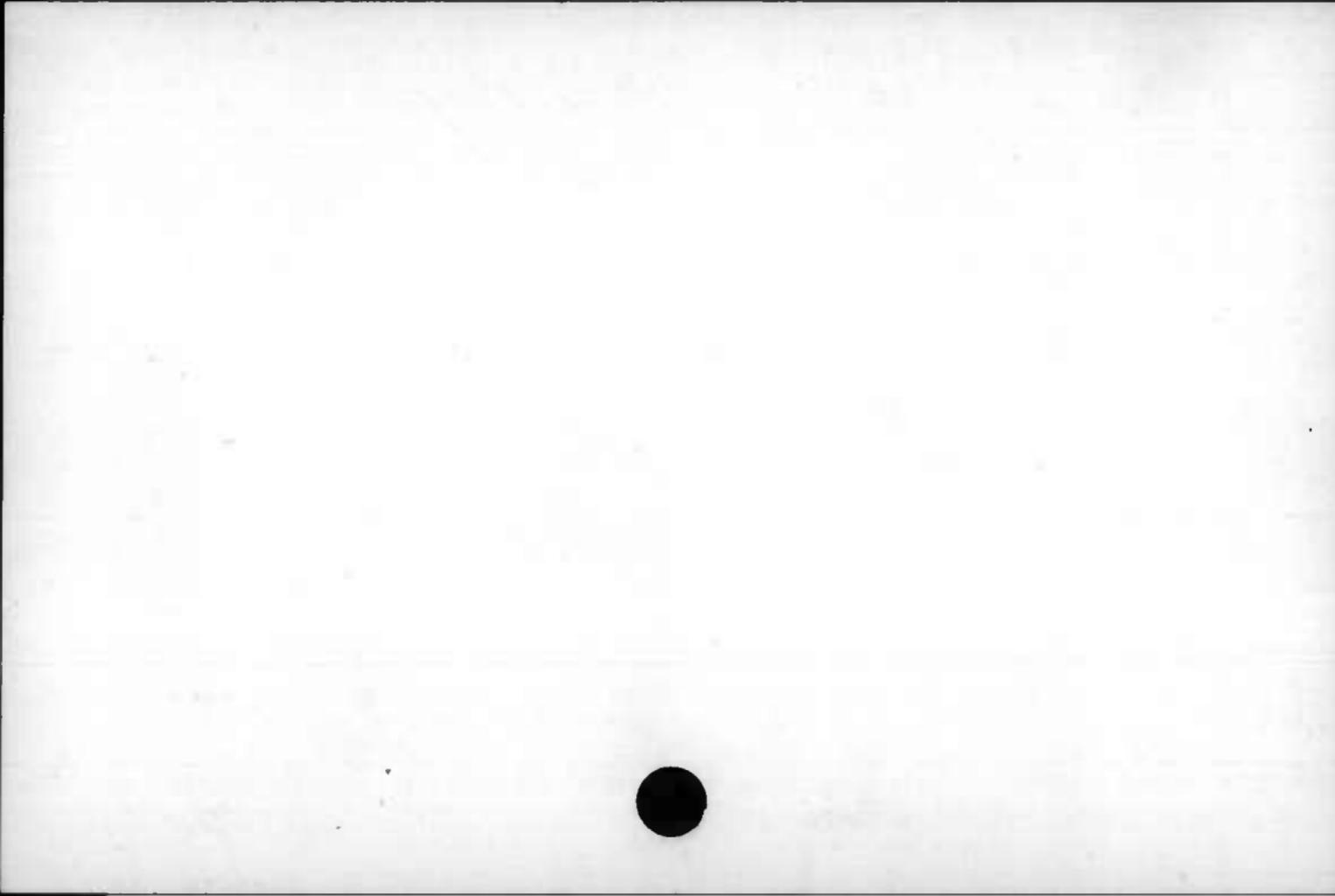
yes

Signature of Physician

Address

This Lyppe  
Leonardtown  
Island

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<i>Charles Jones</i>				CERTIFICATE OF DEATH		
Died at <i>Ridge Rd</i>		Towson		<i>St. Marys</i>		County
Date of death <i>1908</i>	Month <i>Feby</i>	Day <i>24</i>	Age <i>27</i>	Years		Months
Sex <i>Male</i>	Color or Race <i>col</i>		Birth-place <i>St. Marys</i>		Days	
Occupation <i>Driver.</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband					
Father's Name <i>John Jones</i>			Father's Birthplace <i>St. Marys</i>			
Mother's Maiden Name <i>Martha Jones</i>			Mother's Birthplace <i>St. Marys</i>			
Name of person giving information <i>Thomas Armstrong</i>						How related to deceased <i>Friend</i>

CAUSES OF DEATH

166

Primary *Explosion of Engine.*  
Immediate *Shock.*

How long *Immediate*  
How long *death*

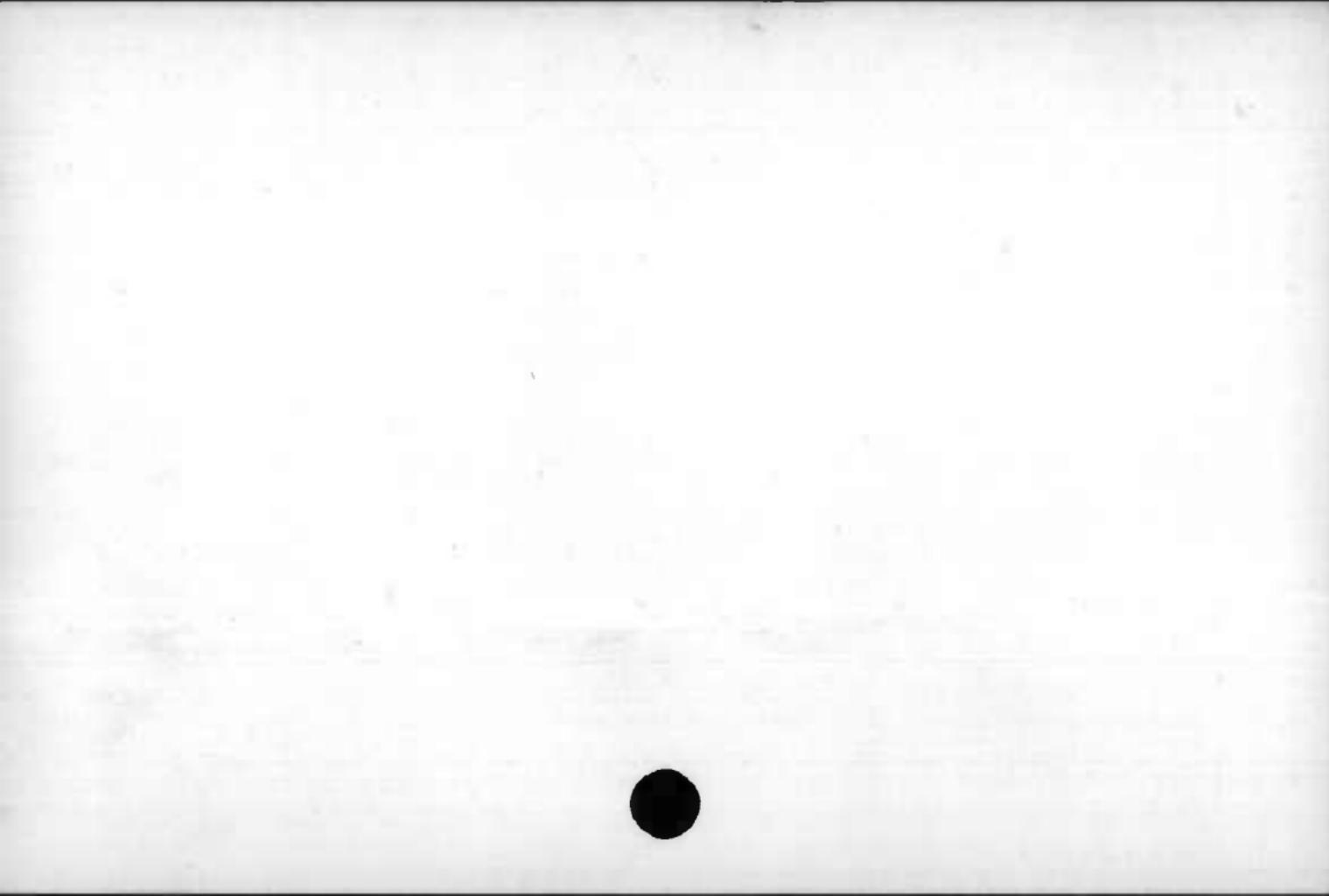
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Yes*

Accident or Suicide? *accident,*



Name  
in  
Full

Mrs Stephen Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Saint Paul</u>		Town	County <u>St. Marys</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>2</u>	Day <u>22</u>	Years <u>70</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband	<u>Stephen Jones</u>			
Father's Name <u>James Dickey</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>S. M. Jones</u>	How related to deceased				

CAUSES OF DEATH

79

How long

12 mos

PHYSICIAN  
OR CORONER

Primary

overdose Seno desire as thrice

Immediate

Heart

Are the name, age, sex, color, date and place correctly given above?

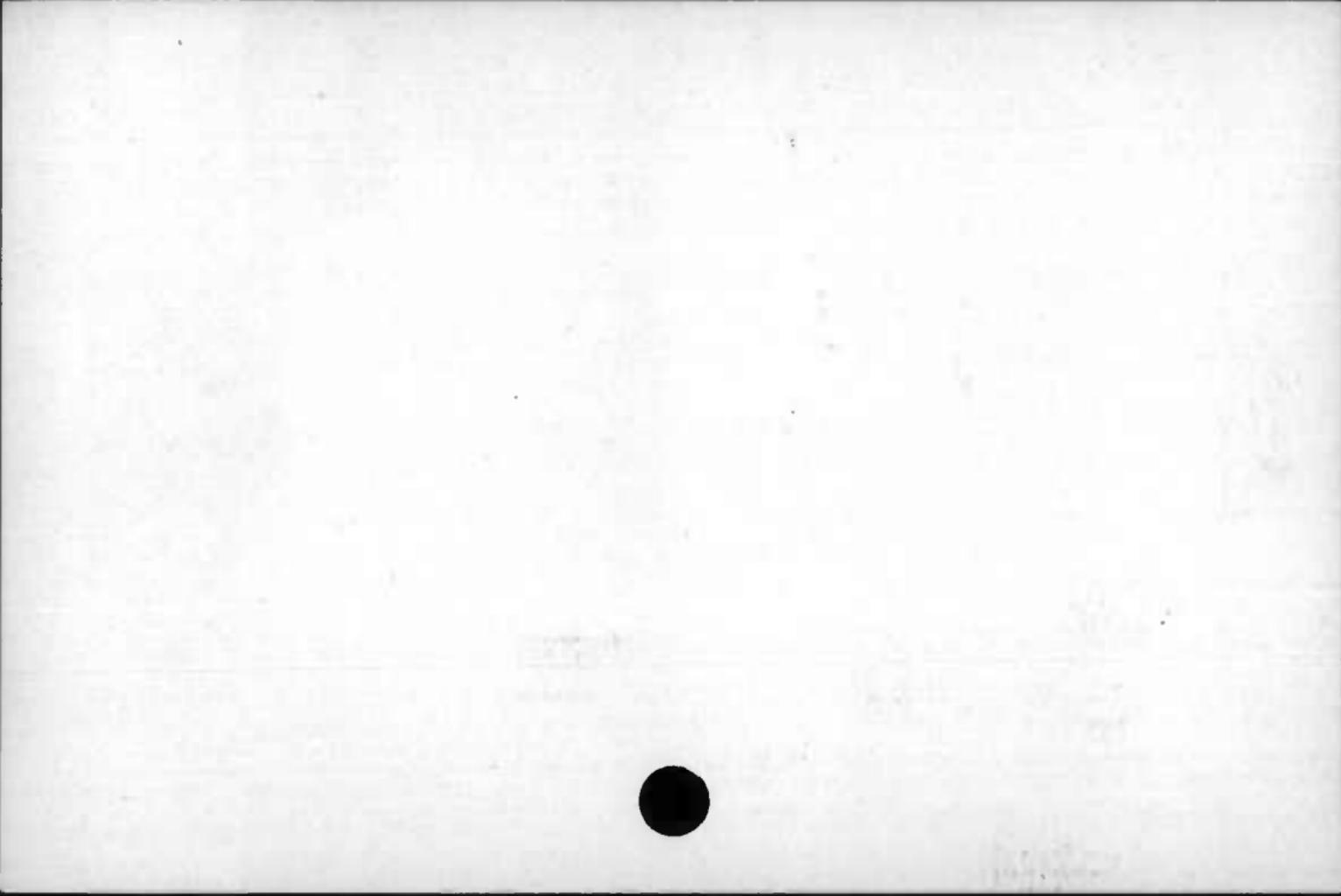
yes

Signature of Physician

Address

J. D. Dickey  
Orthopelt  
Ind.

Accident or Suicide?



Name  
In  
Full

Alice Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Hospital</u> —		Town <u>St. Mary's</u> County <u>St. Mary's</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Feb.</u>	Day <u>2</u>	Years <u>67</u>	Age <u>67</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Femal</u>	Color or Race <u>colored</u>	Birthplace <u>St. Mary's Co.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Marshall</u>					
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>					
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>					
Name of person giving Information <u>John Marshall</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

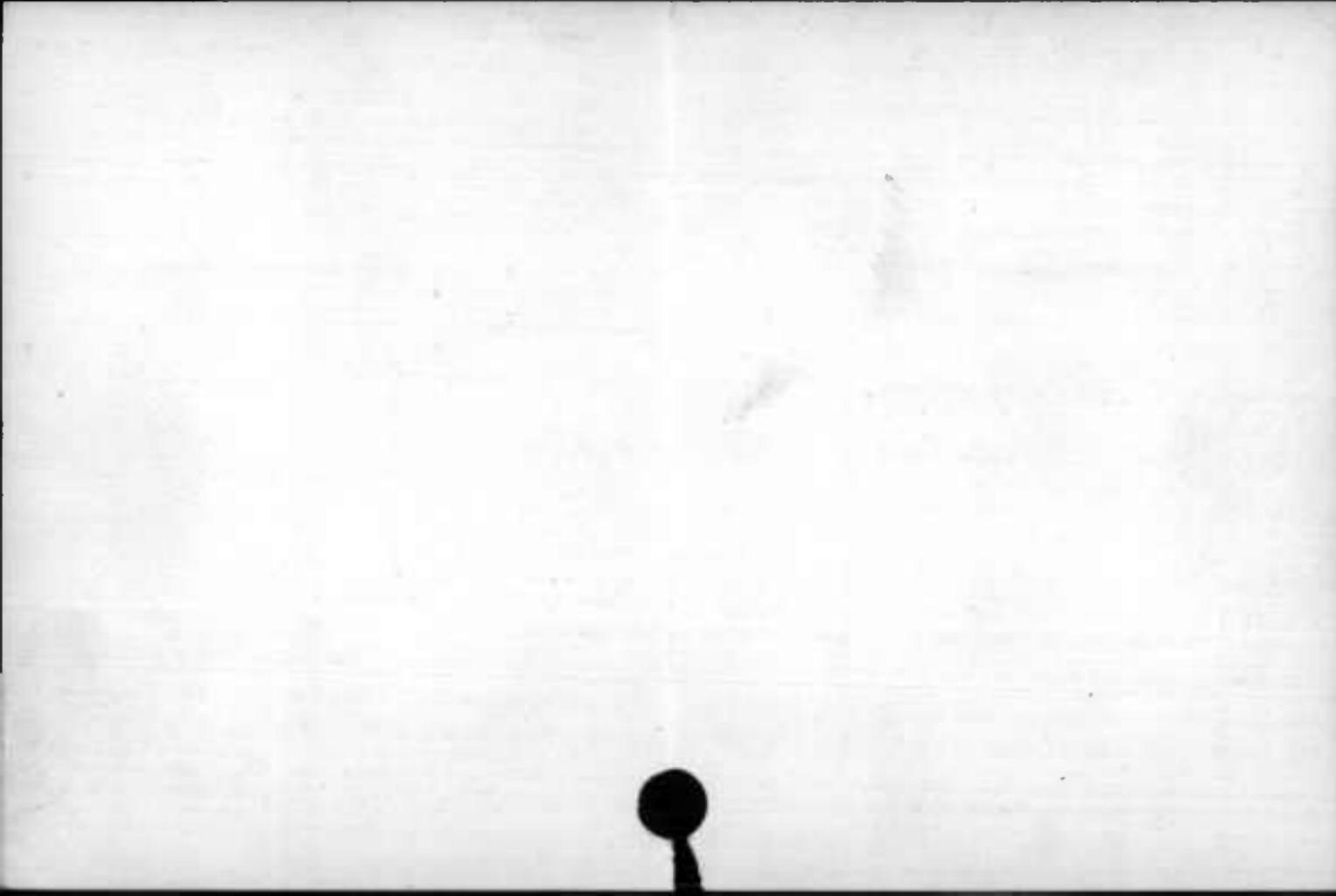
Zach. R. Morgan  
Mechanicsville, Md.

H

Accident or Suicide?







Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dairy Ellen Pegg -				CERTIFICATE OF DEATH		
Died at Towm Fairfaxville		County St. Mary's		MARYLAND		
Date of death 1904 Feb -	Month 15	Age Years 15	Day	Months 17	Days	
Sex Female	Color or Race White	Birth- place Maryland				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name James L. Pegg -	Father's Birthplace Maryland					
Mother's Maiden Name Nellie Pegg -	Mother's Birthplace Maryland					
Name of person giving Information James L. Pegg -	How related to deceased Father					

CAUSES OF DEATH

27

Primary

Consumption

How long

Eight months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

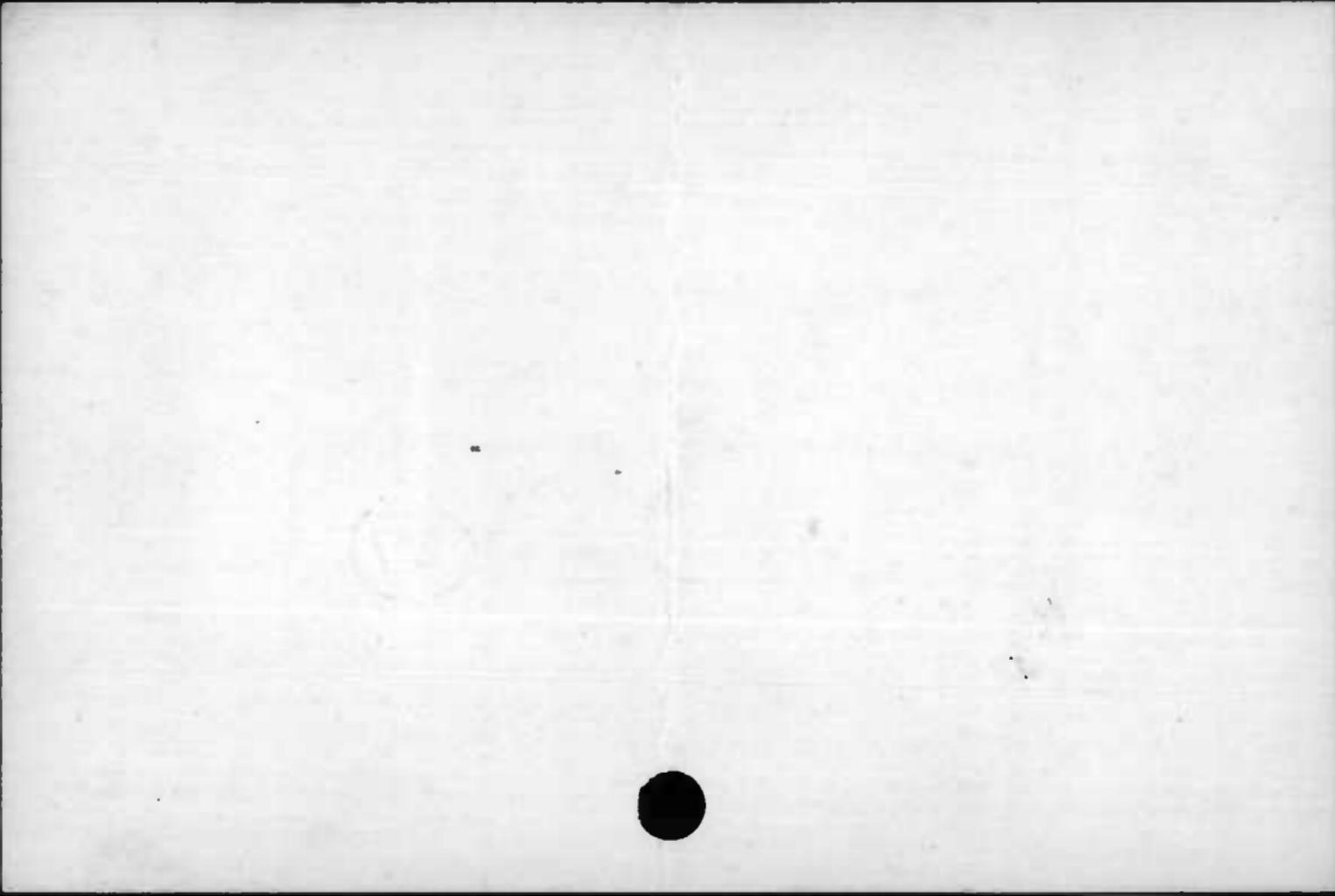
Yes

Signature of  
Physician

Address

Henry Richardson M.D.  
Great Mills P.O.  
Maryland

Accident or Suicide?



John Henry Thomas				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1908	Month 2	Day 21	Years —	Months 6	Days —
Sex	male	Color or Race	Colored	Birth- place	wed	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Hiley Thomas	Father's Birthplace				
Mother's Maiden Name	Margaret Young	Mother's Birthplace				
Name of person giving Information	Hiley Thomas	How related to deceased				

## CAUSES OF DEATH

Primary

Pneumonia

93

How long

5 day s

Immediate

Convulsions

2

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

R. M. V. Palenus

Address

Palenus  
wed.

Accident or Suicide?



Name  
in  
Full

Charles Travers

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	Feb.	17	Age 42			
Sex	Male	Color or Race	Colored	Birth-place	St. Mary's Co., Md.	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Caroline Armstrong			
Father's Name	Joseph Travers					
Mother's Maiden Name	Rosa Milligan					
Name of person giving information	William Travers					

27

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

one year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

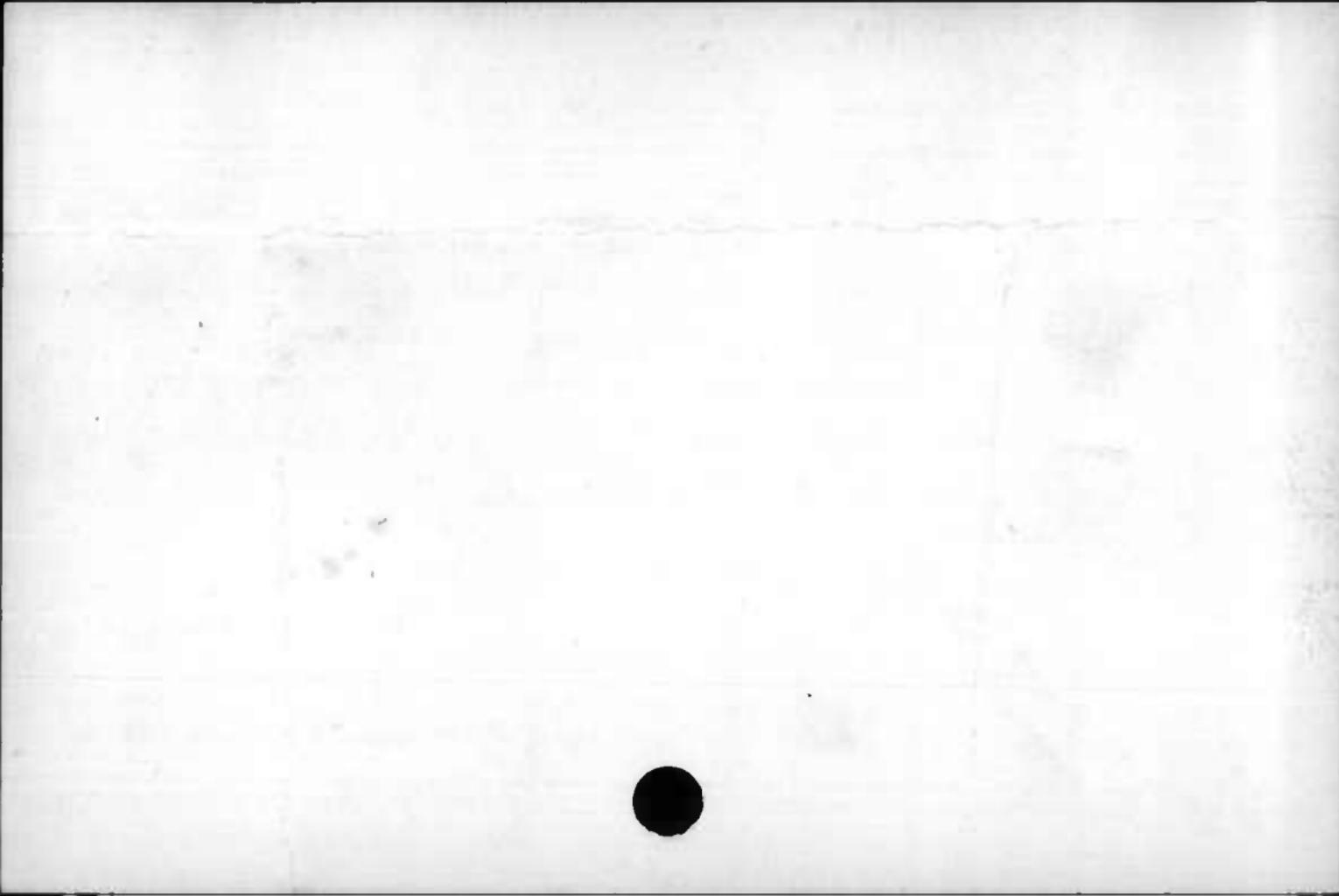
Signature of Physician

J. Horner Lynch, M.D.

Address

Valley Lee,  
St. Mary's Co., Md.

Accident or Suicide?



Cecelia Woodland

Town

Valley Lee

County

St. Mary's

MARYLAND

Died at

Date  
of death

1908

Month

Feb.

Day

21

Years

56

Months

Days

Age

Sex

Female

Color or  
Race

Colored

Birth-  
place

St. Mary's Co., Md.

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Singla  
or Widowed

Married

Name of Wife of  
Husband

James A. Woodland

Father's  
Name

Wallen Monroe,

Father's  
Birthplace

St. Mary's Co., Md.

Mother's  
Maiden Name

Emily Milburn

Mother's  
Birthplace

St. Mary's Co., Md.

Name of person giving  
information

James A. Woodland

How related  
to deceased

Husband

## CAUSES OF DEATH

93

How long

8 days

How long

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

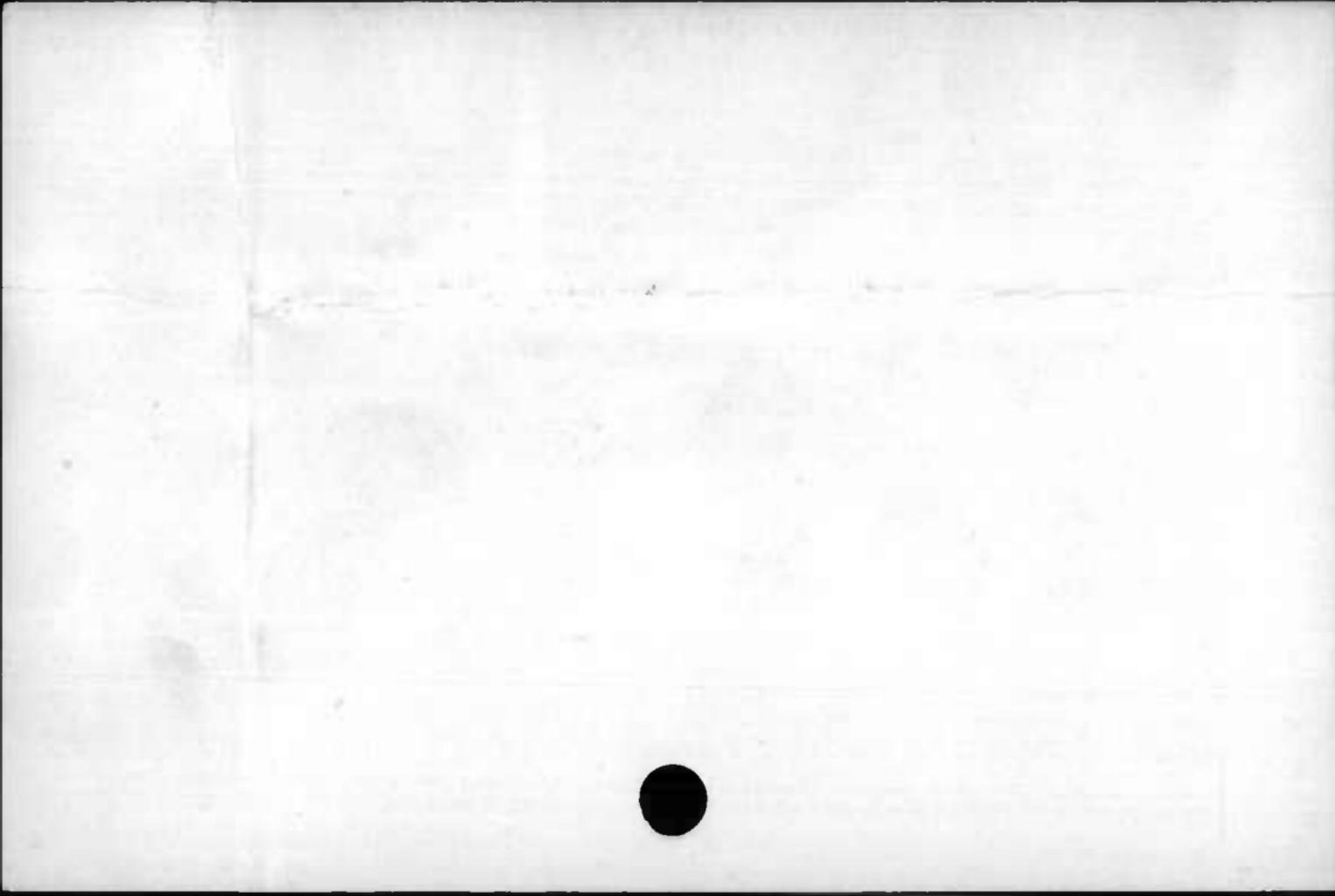
Signature of  
Physician

P. Hausee Lynch, M.D.

Address

Valley Lee -  
St. Mary's Co., Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 2	Day 27	Years 20	Months	Days	
Sex	Female	Color or Race	Colonial		Birth-place	md	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	James Young		Father's Birthplace	md	
Father's Name	Richard Thomas				Mother's Birthplace	md	
Mother's Maiden Name	Sarah Lonly				How related to deceased	Husband	
Name of person giving Information	James Young				How long	27	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lung & heart		2 yr.
Immediate	Tuberculosis		27
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. V. Palmer
		Address	Palmer
Accident or Suicide?			

